

United States Bankruptcy Court
Western District of Missouri

In re Angel Cherie Stricklen
 Debtor

Case No. _____

Chapter 13

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

			AMOUNTS SCHEDULED		
NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	3	9,492.50		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		9,500.00	
E - Creditors Holding Unsecured Priority Claims	Yes	3		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	30		18,148.64	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			1,570.90
J - Current Expenditures of Individual Debtor(s)	Yes	1			1,099.00
Total Number of Sheets of ALL Schedules		43			
Total Assets			9,492.50		
Total Liabilities				27,648.64	

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE A. REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. (See Schedule D.) If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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None

Sub-Total > 0.00 (Total of this page)

Total > 0.00

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE B. PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Cash on hand	-	10.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Savings account at Douglas State Bank	-	25.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Household goods	-	1,500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Wearing apparel	-	200.00
7. Furs and jewelry.		costume jewelry	-	10.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term life insurance through US Postal Service	-	0.00

Sub-Total > 1,745.00
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE B. PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
10. Annuities. Itemize and name each issuer.		Monthly disability/retirement monies from U.S. Postal Service -- this amount is shown as income on Schedule I. Debtor receives \$1214 per month.	-	0.00
11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.		See above -- US Postal Service	-	0.00
12. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
13. Interests in partnerships or joint ventures. Itemize.	X			
14. Government and corporate bonds and other negotiable and nonnegotiable instruments.		US Savings Bond EE \$100 bond	-	100.00
15. Accounts receivable.	X			
16. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.		Workers compensation pending --- Debtor will amend schedules, notify trustee if settlement occurs.	-	0.00
17. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
18. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
19. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			

Sub-Total > 100.00
(Total of this page)

Sheet 1 of 2 continuation sheets attached to the Schedule of Personal Property

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE B. PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
21. Patents, copyrights, and other intellectual property. Give particulars.	X			
22. Licenses, franchises, and other general intangibles. Give particulars.	X			
23. Automobiles, trucks, trailers, and other vehicles and accessories.		2000 Chev Malibu LS with over 80,001 + miles retail: 7800 +350 leather seats; +500 sunroof; +75 theft detection -850 high miles	-	7,647.50
24. Boats, motors, and accessories.	X			
25. Aircraft and accessories.	X			
26. Office equipment, furnishings, and supplies.	X			
27. Machinery, fixtures, equipment, and supplies used in business.	X			
28. Inventory.	X			
29. Animals.	X			
30. Crops - growing or harvested. Give particulars.	X			
31. Farming equipment and implements.	X			
32. Farm supplies, chemicals, and feed.	X			
33. Other personal property of any kind not already listed.	X			

Sub-Total > 7,647.50
(Total of this page)
Total > 9,492.50

Sheet 2 of 2 continuation sheets attached
to the Schedule of Personal Property

(Report also on Summary of Schedules)

In re Angel Cherie Stricklen

Debtor(s)

Case No.

The debtor elects all exemptions to which the debtor is entitled under applicable state or otherwise applicable non-bankruptcy federal laws, state laws or local laws where the debtor's domicile has been located for the 180 days immediately preceding the filing of the petition or for the longer part of the 180 day period than any other place. The debtor does not claim any exemption in any amount greater than permitted by the applicable exemption law.

The debtor would be entitled to any exemption available for a pending action, of whatever kind, however if the action is settled or otherwise resolved during the first thirty-six months of the plan, it is subject to application into the plan for the benefit of unsecured creditors with filed and allowed claims, less administrative expenses. The debtor, pursuant to 11 U.S.C. Section 1325(b), would have the opportunity to demonstrate that any recovery, settlement, etc., in full or in part, is essential for reasonable and necessary expenses.

This Schedule C is applicable to Chapter 13 only. If the debtor converts to another chapter of the bankruptcy code, the debtor will file an amended Schedule C to specifically set out claimed exemptions of property.

In re Angel Cherie Stricklen

Case No. _____

Debtor**SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
Account No.			2000 Chev Malibu LS with over 80,001 + miles retail: 7800 +350 leather seats; +500 sunroof; +75 theft detection -850 high miles					
AmeriCredit Financial Services Bankruptcy Department 1100 West Grove Parkway Suite 101 Tempe, AZ 85283		-	Value \$ 7,647.50				9,500.00	1,852.50
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					

0 continuation sheets attached

Subtotal
(Total of this page)

9,500.00

Total
(Report on Summary of Schedules)

9,500.00

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$4,650* per person earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a)(3).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,650* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

☐ **Deposits by individuals**

Claims of individuals up to \$2,100* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

☐ **Alimony, Maintenance, or Support**

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

*Amounts are subject to adjustment on April 1, 2004, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Form B6E - Cont.
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Taxes and Certain Other Debts
Owed to Governmental Units

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B I T O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	TOTAL AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
Account No.								
Clay County Collectors Office Sandra Reeves Collector Administration Building 1 Courthouse Square Liberty, MO 64068		-					0.00	0.00
Account No.								
Internal Revenue Service ATTN Dennis R Onnen Esq 2345 Grand Suite 302 Kansas City, MO 64108-2625		-					0.00	0.00
Account No.								
Representing: Internal Revenue Service			Internal Revenue Service Business Tax Bureau PO Box 84C Jefferson City, MO 65105					
Account No.								
Representing: Internal Revenue Service			Internal Revenue Service Insolvency Section 271 W 3rd Street N Suite 3000 STOP 5333 WIC Wichita, KS 67202-1212					
Account No.								
Representing: Internal Revenue Service			Internal Revenue Service Collection Division PO Box 66778 Stop 5334 STL Saint Louis, MO 63166					

Sheet 1 of 2 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal
(Total of this page)

0.00

Form B6E - Cont.
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Taxes and Certain Other Debts
Owed to Governmental Units

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	TOTAL AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
Account No.								
Missouri Department of Revenue General Counsels Office ATTN: Sheryl Moreau, Esq. P.O. Box 475 Jefferson City, MO 65105		-					0.00	0.00
Account No.								
Account No.								
Account No.								
Account No.								

Sheet 2 of 2 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal
(Total of this page)

0.00

Total
(Report on Summary of Schedules)

0.00

Form B6F
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
A P Taliaferro MD 2211 N 13th Street Kansas City, KS 66104	-					45.00
Account No.						
ACN Communication Services Inc PO Box 79001 Detroit, MI 48279	-					0.00
Account No.		pay day loans				
Advance America 7932 N Oak Trafficway Kansas City, MO 64118	-					0.00
Account No.						
Allied Interstate 800 Interchange West 435 Ford Road Suite 800 Minneapolis, MN 55426	-					0.00
Subtotal (Total of this page)						45.00

29 continuation sheets attached

Form B6F - Cont.
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
American Payday Loan 5520 NE Antioch Road Kansas City, MO 64119	-						0.00
Account No.							
Anesthesiology Chartered PO Box 171043 Kansas City, KS 66117-0043	-						146.60
Account No.							
Argosy Casino 777 NW Argosy Parkway Riverside, MO 64150	-						360.00
Account No.							
Representing: Argosy Casino							
Account No.							
Representing: Argosy Casino							
Sheet no. <u>1</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							506.60

Form B6F - Cont.
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Representing: Argosy Casino			Jackson Co. Prosecuting Atty. Bad Check Unit 200 South Main St. Independence, MO 64050				
Account No. Associates For Family Care PO Box 930908 Kansas City, MO 64193		-					231.67
Account No. Associates for Female Care 9501 State Avenue Suite 3 Kansas City, KS 66111-1871		-					0.00
Account No. Representing: Associates for Female Care			Associates for Femal Care PO Box 930908 Kansas City, MO 64193				
Account No. Atmos Energy/Co-KS Division Att Bankruptcy Group Atmos Energy Corporation PO Box 15488 Amarillo, TX 79105-5488		-					0.00
Sheet no. <u>2</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							231.67

Form B6F - Cont.
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
Balls Food Store #2 5420 Leavenworth Rd Kansas City, KS 66104		-					70.00
Account No.			Jackson Co. Prosecuting Atty. Bad Check Unit 200 South Main St. Independence, MO 64050				
Representing: Balls Food Store #2							
Account No.							
Bennett and DeLoney PO Box 190 Midvale, UT 84047		-					0.00
Account No.							
Bidwell-Walker Klemm MD 4320 Wornall Rd Ste 422 Kansas City, MO 64131		-					193.87
Account No.							
Board of Public Utilities PO Box 1196 Kansas City, KS 66117-0704		-					224.63
Sheet no. <u>3</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							488.50

Form B6F - Cont.
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Representing: Board of Public Utilities			Board of Public Utilities 700 Minnesota Ave Kansas City, KS 66101-2789				
Account No. Business Revenue Systems Inc PO Box 219088 Kansas City, MO 64121		-					0.00
Account No. Capital One Bank PO Box 85147 Richmond, VA 23276		-	Credit card purchases at various times				443.55
Account No. Representing: Capital One Bank			Capital One Services PO Box 85015 Richmond, VA 23285-5015				
Account No. Representing: Capital One Bank			Capital One Services Inc 1957 Westmoreland Road P.O. Box 26094 Richmond, VA 23260-6094				
Sheet no. <u>4</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 443.55

Form B6F - Cont.
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
Caremark PO Box 7615 Mount Prospect, IL 60056	-						120.00
Account No.							
Cash & Dash 7711 N. Oak Trafficway Kansas City, MO 64118	-						900.00
Account No.							
Certegy Check Services PO Box 30272 Tampa, FL 33630-3272	-						390.00
Account No.							
Representing: Certegy Check Services							
Account No.							
Representing: Certegy Check Services							
Account No.							
Representing: Certegy Check Services							
Sheet no. <u>5</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							1,410.00

Form B6F - Cont.
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			Certegy Payment Recovery Srvs. 11601 Roosevelt Blvd Saint Petersburg, FL 33716				
Representing: Certegy Check Services							
Account No.							0.00
Computer Credit Inc Claim Department 81521 640 West Fourth Street PO Box 5238 Winston Salem, NC 27113-5238		-					
Account No.							3.36
Corbin Medical Group PO Box 12408 Kansas City, KS 66112		-					
Account No.							0.00
Corbin Medical Group PO Box 12408 Kansas City, KS 66112		-					
Account No.							0.00
Credit Collection Services Payment Processing Center PO Box 55126 Boston, MA 02205-5126		-					
Subtotal (Total of this page)							3.36

Sheet no. 6 of 29 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Form B6F - Cont.
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		Husband, Wife, Joint, or Community					
Account No. Representing: Credit Collection Services			Credit Collection Services Credit International 94 Wells Ave. Newton, MA 02159				
Account No. Credit World Services 6000 Martway Shawnee Mission, KS 66202		-					0.00
Account No. DIRECTV PO Box 78626 Phoenix, AZ 85062-8626		-					0.00
Account No. Representing: DIRECTV			Collectech Systems Consumer Service Department PO Box 4157 Woodland Hills, CA 91365				
Account No. Representing: DIRECTV			Direct TV PO Box 3060 Agoura Hills, CA 91376				
Sheet no. <u>7</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							0.00

Form B6F - Cont.
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No.			DIRECTV PO Box 9001069 Louisville, KY 40290-1069					
Representing: DIRECTV								
Account No.								
Douglas National Bank 4655 State Avenue Kansas City, KS 66102								
Account No.		-					0.00	
Dr George R Chance PO Box 12716 Kansas City, MO 64116								
Account No.		-					230.00	
Dr Reginald W Hall								
Account No.		-					0.00	
Dr Waldschmidt 2521 Glen Hendren Drive Liberty, MO 64068								
							150.00	
Sheet no. <u>8</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	380.00

Form B6F - Cont.
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
Executive Financial Consult 310 Armour Road Suite 220 North Kansas City, MO 64116	-						0.00
Account No.							
Farmers Insurance Group PO Box 29130 Shawnee Mission, KS 66201	-						34.30
Account No.							
Firestone PO Box 81410 Cleveland, OH 44181	-						167.65
Account No.							
Representing: Firestone							
Account No.							
Representing: Firestone							
Sheet no. <u>9</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							201.95

Form B6F - Cont.
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
Focus Receivables Management Inc PO Box 725069 Atlanta, GA 31139	-						652.85
Account No.							
General Account Service Inc 2024 Swift PO Box 12400 North Kansas City, MO 64116	-						0.00
Account No.							
Getz Prescription Shop 616 E 63rd Street Kansas City, MO 64110	-						44.00
Account No.							
GP Temple Church 864 Splitlog Avenue Kansas City, KS 66101	-						0.00
Account No.							
Greeley Gas Company PO Box 660063 Dallas, TX 75266-0063	-						640.13
Sheet no. <u>10</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							1,336.98

Form B6F - Cont.
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
Harrah's Casino One Riverboat Drive N. Kansas City, MO 64116		-					172.50
Account No.			Jackson Co. Prosecuting Atty. Bad Check Unit 200 South Main St. Independence, MO 64050				
Representing: Harrah's Casino							
Account No.			TeleCheck Inc ATTN Bankruptcy PO Box 17370 Denver, CO 80217-0370				
Representing: Harrah's Casino							
Account No.							
HCA Physician Services 3420 Broadway 2nd Floor Kansas City, MO 64111		-					0.00
Account No.							
Health Midwest P.O. Box 419029 Kansas City, MO 64141-6029		-					83.25
Sheet no. <u>11</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							255.75

Form B6F - Cont.
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Representing: Health Midwest			Health Midwest Medical Group PO Box 413904 Kansas City, MO 64141-3904				
Account No. Heart of America Surgery Center 8935 State Avenue Kansas City, KS 66112		-					315.94
Account No. Heartland Family Dentistry 4005 N Oak Trafficway Kansas City, MO 64116		-					0.00
Account No. Hospital Hill Health Services 800 Hospital Hill Center 2310 Holmes Street Kansas City, MO 64108-2634		-					180.00
Account No. Representing: Hospital Hill Health Services			Hospital Hill Health Services Stein and Mann LC 2600 Grand Avenue Kansas City, MO 64108-4606				
Sheet no. <u>12</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							495.94

Form B6F - Cont.
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
HSM and Co 200 NW Executive Way Lees Summit, MO 64063	-						100.00
Account No.							
Interstate Collection Bureau PO Box 266225 Kansas City, MO 64126-6225	-						0.00
Account No.							
Isle of Capri 1800 E Front St Kansas City, MO 64120	-						500.00
Account No.							
Representing: Isle of Capri							
Jackson Co. Prosecuting Atty. Bad Check Unit 200 South Main St. Independence, MO 64050							
Account No.							
J Martin Klemm Wornall Plaza Medical Building 4320 Wornall Suite 422 Kansas City, MO 64114	-						47.50
Sheet no. <u>13</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							647.50

Form B6F - Cont.
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
Joy A Johnson MD Shawnee Mission Medical 9100 W 74th Street Overland Park, KS 66204		-					21.84
Account No.			Utility service				
Kansas City Power & Light PO Box 219330 Kansas City, MO 64121-9330		-					0.00
Account No.							
Kansas Counselors Inc 8725 Rosehill Road Suite 415 Lenexa, KS 66215		-					0.00
Account No.			Kansas Counselors, Inc. PO Box 14765 Shawnee Mission, KS 66285-4765				
Representing: Kansas Counselors Inc							
Account No.							
Kansas University Physicians PO Box 410208 Kansas City, MO 64141		-					587.00
Sheet no. <u>14</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							608.84

Form B6F - Cont.
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Representing: Kansas University Physicians			Kansas University Physicians 3901 Rainbow Boulevard Kansas City, KS 66160				
Account No. KC Credit Services 20th & Swift Kansas City, MO 64116		-					0.00
Account No. KCK Dental Office Associates 753 State Avenue Suite 665 Kansas City, KS 66101		-					149.21
Account No. KU Medical Center 3901 Rainbow Blvd. Kansas City, KS 66160-7202		-					201.02
Account No. Representing: KU Medical Center			KU Medical Center P.O. Box 2941 Shawnee Mission, KS 66201-2941				
Sheet no. <u>15</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							350.23

Form B6F - Cont.
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			Medical services				
Lab. Corp. of America Holdings PO Box 2240 Burlington, NC 27216-2240		-					81.48
Account No.							
LCA Collections PO Box 2240 Burlington, NC 27216		-					52.28
Account No.							
Leavenworth Kansas City Imaging PA 9201 Parallel Parkway Kansas City, KS 66112		-					21.84
Account No.							
Marlin LLC 110 Glen Street Suite 300 Glens Falls, NY 12801		-					0.00
Account No.							
Mary Linda Hughes 5545 N Oak Trafficway Kansas City, MO 64118		-					45.00
Sheet no. <u>16</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							200.60

Form B6F - Cont.
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
Metropolitan Multispecialty PO Box 403458 Atlanta, GA 30384		-					0.00
Account No.			Metropolitan Multispecialty Physicians Group P.O. Box 413904 Kansas City, MO 64141-3904				
Representing: Metropolitan Multispecialty							
Account No.							
Michael Fine DPM 2790 Clay Edwards Drive Ste 570 Kansas City, MO 64116		-					0.00
Account No.							
Michael Waddell DCPC 7261 N Oak Trafficway Kansas City, MO 64118		-					0.00
Account No.							
Midwest Anesthesia Associates PO Box 411895 Dept 109 Kansas City, MO 64141		-					1,365.00
Sheet no. <u>17</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							1,365.00

Form B6F - Cont.
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
Missouri Gas Energy PO Box 219255 Kansas City, MO 64121-9255	-						0.00
Account No.							
MMPG KS PO Box 413904 Kansas City, MO 64141-3904	-						83.25
Account No.							
Representing: MMPG KS							
Account No.							
Representing: MMPG KS							
Account No.							
National Action Financial Services PO Box 920789 Norcross, GA 30010	-						0.00
Sheet no. <u>18</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							83.25

Form B6F - Cont.
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Representing: National Action Financial Services			National Action Financial Services PO Box 9027 Williamsville, NY 14231-9027				
Account No. National Cash Advance 8666 E. 63rd Street Kansas City, MO 64133		-	Pay day loan				345.00
Account No. Northland Oral & Maxillofacial Surgery Oakview Building 6301 N. Oak, Suite 101 Kansas City, MO 64118		-	Medical services				0.00
Account No. Nova Care Rehabilitation 6306 NW Barry Road Kansas City, MO 64154		-					0.00
Account No. Orthopaedic Professionals Asso 8919 Parallel Parkway Suite 270 Kansas City, KS 66112		-					0.00
Sheet no. <u>19</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							345.00

Form B6F - Cont.
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
Pain Rehab Products 1995 Graystone Drive Saint Charles, MO 63303	-						0.00
Account No.							
Physical Medicine and Rehab 3445 S M-291 Hwy 3rd Floor Independence, MO 64050	-						708.88
Account No.							
Physicians Reference Labs. PO Box 802262 Kansas City, MO 64180-2262	-						140.00
Account No.							
Representing: Physicians Reference Labs.							
Account No.							
PMG Financial Resources, Inc. 1218 S. Noland Rd., Suite 200 P.O. Box 3007 Independence, MO 64055-3007	-						451.25
Sheet no. <u>20</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							1,300.13

Form B6F - Cont.
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Representing: PMG Financial Resources, Inc.			PMG Financial Resources Inc %Kim G Schwartzkopf 2716 Forum Blvd Ste 2A Columbia, MO 65203				
Account No. Providence Emergency Physician PO Box 879683 Kansas City, MO 64187-9683		-	Medical services				150.00
Account No. Providence Medical Center 8929 Parallel Parkway Kansas City, KS 66112-0430		-					824.68
Account No. Representing: Providence Medical Center			Providence Medical Center PO Box 12430 Kansas City, KS 66112-0430				
Account No. Rainbow Loans 8634 E. 63rd Street Kansas City, MO 64110		-	pay day loans				360.00
Sheet no. <u>21</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							1,334.68

Form B6F - Cont.
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
Ralph E. Lewis II., Esq. 510 East 33rd Street Kansas City, MO 64109		-					0.00
Account No.			Ralph E Lewis II Attorney at Law PO Box 10278 Kansas City, MO 64171				
Representing: Ralph E. Lewis II., Esq.							
Account No.							
Richard F Beamon Shawnee Mission Hospital 9100 W 74th Street Overland Park, KS 66204		-					228.00
Account No.							
Robert G Urie PHD 2029 Bishanan Kansas City, MO 64116		-					60.00
Account No.							
Salvatore Spinelli Esq Attorney at Law CS 9018 Melville, NY 11747		-					0.00
Sheet no. <u>22</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							288.00

Form B6F - Cont.
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
Security Finance 6941 North Trenholm Rd Suite Q3 Columbia, SC 29206	-						457.24
Account No.							
Security Finance Corp 7080 N. Oak Trafficway Gladstone, MO 64118	-						0.00
Account No.							
Shawnee Mission Medical Center 9100 West 74th Street Shawnee Mission, KS 66204	-						221.00
Account No.							
Representing: Shawnee Mission Medical Center							
Account No.							
Sloan Listrom Eisenbarth Sloan and Glassman LLC 714 Capital Federal Bldg 700 Kansas Avenue Topeka, KS 66603	-						390.45
Sheet no. <u>23</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							1,068.69

Form B6F - Cont.
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
Southwestern Bell PO Box 930170 Dallas, TX 75393-0170		-					165.95
Account No.			Southwestern Bell Bankruptcy Unit 405 N Broadway Room 710B Oklahoma City, OK 73102				
Representing: Southwestern Bell							
Account No.			Southwestern Bell Telephone Co Bankruptcy Dept PO Box 769 Arlington, TX 76004				
Representing: Southwestern Bell							
Account No.							
Susan Bratcher 6012 NE Antioch Road Kansas City, MO 64119		-					0.00
Account No.							
Sycamore Hills % ACS Data Search PO Box 12587 Overland Park, KS 66282		-					1,090.00
Sheet no. <u>24</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							1,255.95

Form B6F - Cont.
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
Account No. Sycamore Hills 506 NW 55th Street Kansas City, MO 64119		-					0.00	
Account No. T-Mobile Wireless PO Box 742596 Cincinnati, OH 45274-2596		-					0.00	
Account No. Representing: T-Mobile Wireless		T-Mobile PO Box 742596 Cincinnati, OH 45274						
Account No. Representing: T-Mobile Wireless		T-Mobile Wireless PO Box 20907 Tampa, FL 33622						
Account No. The CBE Group 1001 Office Park Rd. 108 PO Box 65326 West Des Moines, IA 50265-0326		-					0.00	
Sheet no. <u>25</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	0.00

Form B6F - Cont.
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
The Neighborhood Built Bu MCI PO Box 52252 Phoenix, AZ 85072	-						85.60
Account No.							
Thomas J Bono DDS Gladstone Dental Bldg 231 NW 72nd Street Kansas City, MO 64118	-						0.00
Account No.							
Time Warner Cable Credit Management Inc 4200 International Parkway Carrollton, TX 75007-1906	-						146.00
Account No.							
Representing: Time Warner Cable							
Account No.							
Time Warner Cable 6550 Winchester Ave Kansas City, MO 64133-4671	-						0.00
Sheet no. <u>26</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							231.60

Form B6F - Cont.
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
Tiny's Quick Cash 7315 N. Oak Trwy. Gladstone, MO 64118	-						201.25
Account No.							
Truman Medical Center - West 2301 Holmes Road Kansas City, MO 64108	-						137.56
Account No.							
Representing: Truman Medical Center - West							
Account No.							
Representing: Truman Medical Center - West							
Account No.							
United Imaging Consultants LLC 5700 Broadmoor, Suite 900 Mission, KS 66202	-						94.67
Sheet no. <u>27</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							433.48

Form B6F - Cont.
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
United Medical Group LLC P.O. Box 12095 Kansas City, KS 66112-0095		-					113.70
Account No.			United Medical Group 5701 State Avenue Kansas City, KS 66102				
Representing: United Medical Group LLC							
Account No.							
USPS Disbursing Center Accounting Service Center 2825 Lone Oak Parkway Saint Paul, MN 55121		-					141.05
Account No.							
USPS Disbursing Center Accounting Service Center 2825 Lone Oak Parkway Saint Paul, MN 55121		-					0.00
Account No.							
VoiceStream Wireless PO Box 742596 Cincinnati, OH 45274-2596		-					652.85
Sheet no. <u>28</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							907.60

Form B6F - Cont.
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		Husband, Wife, Joint, or Community					
Account No.							
Western Auto %NCO Financial Systems Inc PO Box 41418 Philadelphia, PA 19101		-					378.79
Account No.							
Wexler and Wexler 500 Madison Street Suite 2910 Chicago, IL 60661-2587		-					0.00
Account No.			back rent				
Woodsmoke Condos Mr Bill Alexander 5600 Neosho Avenue Mission, KS 66205		-					1,550.00
Account No.							
Account No.							
Sheet no. <u>29</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							1,928.79
							Total (Report on Summary of Schedules)
							18,148.64

In re Angel Cherie Stricklen Case No. _____
Debtor

SCHEDULE G. EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described.

NOTE: A party listed on this schedule will not receive notice of the filing of this case unless the party is also scheduled in the appropriate schedule of creditors.

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

In re Angel Cherie Stricklen
Debtor

Case No. _____

SCHEDULE H. CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. In community property states, a married debtor not filing a joint case should report the name and address of the nondebtor spouse on this schedule. Include all names used by the nondebtor spouse during the six years immediately preceding the commencement of this case.

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
------------------------------	------------------------------

0 continuation sheets attached to Schedule of Codebtors

Form B61
(12/03)

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE I. CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Debtor's Marital Status: Single	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP None.	AGE
EMPLOYMENT:		
DEBTOR		SPOUSE
Occupation		
Name of Employer Disabled		
How long employed		
Address of Employer		

	DEBTOR	SPOUSE
INCOME: (Estimate of average monthly income)		
Current monthly gross wages, salary, and commissions (pro rate if not paid monthly)	\$ 0.00	\$ N/A
Estimated monthly overtime	\$ 0.00	\$ N/A
SUBTOTAL	\$ 0.00	\$ N/A
LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ 0.00	\$ N/A
b. Insurance	\$ 0.00	\$ N/A
c. Union dues	\$ 0.00	\$ N/A
d. Other (Specify) _____	\$ 0.00	\$ N/A
	\$ 0.00	\$ N/A
SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 0.00	\$ N/A
TOTAL NET MONTHLY TAKE HOME PAY	\$ 0.00	\$ N/A
Regular income from operation of business or profession or farm (attach detailed statement)	\$ 0.00	\$ N/A
Income from real property	\$ 0.00	\$ N/A
Interest and dividends	\$ 0.00	\$ N/A
Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ 0.00	\$ N/A
Social security or other government assistance (Specify) _____	\$ 0.00	\$ N/A
	\$ 0.00	\$ N/A
Pension or retirement income	\$ 1,214.00	\$ N/A
Other monthly income (Specify) <u>net monthly on part-time job</u>	\$ 356.90	\$ N/A
	\$ 0.00	\$ N/A
TOTAL MONTHLY INCOME	\$ 1,570.90	\$ N/A
TOTAL COMBINED MONTHLY INCOME	\$ 1,570.90	

(Report also on Summary of Schedules)

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document: Debtor works part-time at a Temp Agency. She receives \$103 per week gross minus taxes she nets \$83.00 per week. This amount is listed above.

In re Angel Cherie Stricklen

Case No. _____

Debtor

SCHEDULE J. CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

Rent or home mortgage payment (include lot rented for mobile home)	\$	130.00
Are real estate taxes included? Yes _____ No <u>X</u>		
Is property insurance included? Yes _____ No <u>X</u>		
Utilities: Electricity and heating fuel	\$	0.00
Water and sewer	\$	0.00
Telephone	\$	50.00
Other _____	\$	0.00
Home maintenance (repairs and upkeep)	\$	20.00
Food	\$	150.00
Clothing	\$	50.00
Laundry and dry cleaning	\$	25.00
Medical and dental expenses	\$	50.00
Transportation (not including car payments)	\$	50.00
Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	0.00
Charitable contributions	\$	400.00
Insurance (not deducted from wages or included in home mortgage payments)		
Homeowner's or renter's	\$	0.00
Life	\$	0.00
Health	\$	0.00
Auto	\$	0.00
Other _____	\$	0.00
Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) <u>personal property taxes, license</u>	\$	24.00
Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan.)		
Auto	\$	0.00
Other _____	\$	0.00
Other _____	\$	0.00
Other _____	\$	0.00
Alimony, maintenance, and support paid to others	\$	0.00
Payments for support of additional dependents not living at your home	\$	0.00
Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
Other <u>Misc expenses, hair cuts, beauty supplies, postage, gifts</u>	\$	150.00
Other _____	\$	0.00
TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)	\$	1,099.00

[FOR CHAPTER 12 AND 13 DEBTORSONLY]

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

A. Total projected monthly income	\$	1,570.90
B. Total projected monthly expenses	\$	1,099.00
C. Excess income (A minus B)	\$	471.90
D. Total amount to be paid into plan each <u>Monthly</u>	\$	470.00
(interval)		

In re Angel Cherie Stricklen

Debtor(s)

Case No.

Chapter 13

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 44 sheets [total shown on summary page plus 1], and that they are true and correct to the best of my knowledge, information, and belief.

Date _____

Signature /s/ Angel Cherie Stricklen
Angel Cherie Stricklen
Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Western District of Missouri**

In re Angel Cherie Stricklen

Debtor(s)

Case No.

Chapter 13**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE (if more than one)
\$14,568.00	2003 year to date through December, 2003 disability income
\$103.00	2003 year to date part-time -- 1 check at time of filing
\$27,000.00	2002
\$42,000.00	2001

2. Income other than from employment or operation of business

None

☐

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
--------	--------

3. Payments to creditors

None
☒

a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within **90 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
------------------------------	-------------------	-------------	--------------------

None
☒

b. List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None
☒

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
---------------------------------	----------------------	------------------------------	-----------------------

None
☒

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
--	-----------------	-----------------------------------

5. Repossessions, foreclosures and returns

None
☐

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
AmeriCredit Financial Services Bankruptcy Department 1100 West Grove Parkway Suite 101 Tempe, AZ 85283	pending at time of filing	2000 Chev Malibu LS with over 80,001 + miles retail: 7800 +350 leather seats; +75 theft detection -1350 high miles \$6,485.00

6. Assignments and receiverships

None
☒

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
------------------------------	--------------------	-----------------------------------

- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

- None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
Regular tithes to Church			\$500 donations monthly when available

8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
--------------------------------------	--	--------------

9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Jeannie M Bobrink Attorney at Law 819 Walnut Suite 205 Kansas City, MO 64106	See Rule 2016 form	
Susan Bratcher	Debtor paid her over \$4600 in the past years on previous cases. No refunds given by Bratcher	

10. Other transfers

- None ☒ List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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11. Closed financial accounts

None
☒

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
---------------------------------	--	------------------------------------

12. Safe deposit boxes

None
☒

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

None
☒

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
------------------------------	----------------	------------------

14. Property held for another person

None
☒

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

None
☐

If the debtor has moved within the **two years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
521 NW 55th Terrace, Apt. 6 KCMO		2000 to Feb. 2003

16. Spouses and Former Spouses

None
☒

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the **six-year period** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
---------------------------------------	---------------	-----------------------

18 . Nature, location and name of business

- None ☐ a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NAME	TAXPAYER I.D. NO. (EIN)	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
------	-------------------------	---------	--------------------	----------------------------

- None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within the **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or otherwise self-employed.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

19. Books, records and financial statements

- None ☐ a. List all bookkeepers and accountants who within the **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

- None ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME ADDRESS DATES SERVICES RENDERED

- None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

- None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the **two years** immediately preceding the commencement of this case by the debtor.

NAME AND ADDRESS

DATE ISSUED

20. Inventories

- None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY
(Specify cost, market or other basis)

- None ☐ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY
RECORDS

21. Current Partners, Officers, Directors and Shareholders

- None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE
OF STOCK OWNERSHIP

22 . Former partners, officers, directors and shareholders

None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23 . Withdrawals from a partnership or distributions by a corporation

None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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24. Tax Consolidation Group.

None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the **six-year period** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER
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25. Pension Funds.

None ☐ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the **six-year period** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER
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DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date _____	Signature /s/ Angel Cherie Stricklen Angel Cherie Stricklen Debtor
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Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571